

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>120208</u>	FILING DATE _____					
							APPLICANT(S) _____						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51						
2		✓					52						
3	✓						53						
4	✓						54						
5	✓						55						
6	✓						56						
7	✓						57						
8		✓					58						
9		✓					59						
10		✓					60						
11		✓					61						
12		✓					62						
13		✓					63						
14		✓					64						
15		✓					65						
16		✓					66						
17		✓					67						
18	✓						68						
19		✓					69						
20	✓						70						
21	✓						71						
22		✓					72						
23	✓						73						
24	✓						74						
25		✓					75						
26		✓					76						
27		✓					77						
28		✓					78						
29		✓					79						
30		✓					80						
31		✓					81						
32		✓					82						
33		✓					83						
34		✓					84						
35	✓						85						
36	✓						86						
37	✓						87						
38	✓						88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	✓	↓	↓	↓	↓	↓	TOTAL IND.	↓	↓	↓	↓	↓	↓
TOTAL DEP.	✓	↓	↓	↓	↓	↓	TOTAL DEP.	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS	24						TOTAL CLAIMS						

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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